

S. No. 2
M-2-43
7-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8062

State File No. _____

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 837 Myra
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 837 Myra
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James W. Bandy

3. (b) If veteran, name war _____

3. (c) Social Security No. 486-12-3157

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27th
year 1944 hour 2 minute _____ P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susie Bandy

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept 26th 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10 1944 to Feb 27 1944
that I last saw him alive on Feb 27 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

56 5 1 hr. _____ min.

Immediate cause of death: C A of Liver Duration D. H.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Due to vital stenosis 10 yrs
Rheumatic fever

10. Usual occupation Salesman

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46 f

11. Industry or business Singer Sewing Mach. Co

Major findings: Of operations none

12. Name James Bandy

Of autopsy none

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Alma Ross

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Mrs. J. W Bandy

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Feb 29 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahaw and Son

(b) Address Moberly Mo

19. (a) 2-1-44 (b) Alma Ross
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury d

23. Signature W. Dreyer (M. D. or other) M.D.
Address Hunterville Mo Date signed 3/1/44

Duration

D. H.

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

88
6
3

88
56

RECEIVED

District Health Officer No. 10

District File Number 3-44-622

Date Filed MAR 10 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Frank S. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.